CLAIMS ONL	_Y	Application Number 101644694 Applicant(s)	Filing Date
CLAIMS AS FILED AF	TER FIRST AFTER SECOND	May be used for additional claim	
Indep Depend Inde	ENDMENT AMENDMENT		
1 2	, copena	Indep Depend	Indep Depend Indep Depend
3		52 53	
4 5		54	
6		55 56	
7 8		57	
9		58 59	
10		60	
12		61 62	
13		63	
15 16		64	
17		66 67	
18		68	
20		69 70	
21 22		71	
23	+	72 73	
24 75		74	
26		75 ·	
27 28		77	1/
29	1.	78 79	X
30		80	
32		81	
33 34	+	63	
35 36		84 85	
37		86	
38 39		87	
40		89	
41		91	
43		92 93	
44 45		94	
46	 -	95 96	
47 48		97	
49		98 99	
50		100 .	
Total 3		Total Indep	
Total 23		Total	